

Cathedral Booking Agreement:

Marriage at St. Monica's Cathedral, Cairns

Proposed date of wedding: Saturday date/month/year at time

We are having a Nuptial Mass OR Wedding Service only

Please circle one of the above

Bride's Name					
Religion					
Street Address	Street Number & Name				
	Suburb		State		Postcode
Postal Address	PO Box / Street Number & Name				
If different	Suburb		State		Postcode
Phone	Home		Work		Mobile
Email					

Groom's Name	Title	First Name		Surname	
Religion					
Street Address	Street Number & Name				
	Suburb		State		Postcode
Postal Address	PO Box / Street Number & Name				
If different	Suburb		State		Postcode
Phone	Home		Work		Mobile
Email					

We have read, understand and agree to the regulations and requirements in the Marriages at St. Monica's Cathedral leaflet. Yes No

Bride Signature _____

Groom Signature _____

Please supply the name (and contact details if not a Cairns priest) of your proposed priest.

Note that the wedding is not confirmed until the celebrant is confirmed.

Priest's Name	Title	First Name		Surname	
Postal Address	PO Box / Street Number & Name				
	Suburb		State		Postcode
Phone	Home		Work		Mobile
Email					

**RETURN TO: St Monica's Cathedral
PO Box 625
CAIRNS 4870 or email cathedral@ Cairns.catholic.org.au**